

<b>MULTIPLE DEPENDENT CLAIM</b> <b>FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10/579302</div>		FILING DATE <div style="height: 20px; border: 1px solid black;"></div>					
<b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL IND.	3	↓		↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.	18	←		←		←		TOTAL DEP.		←		←	
TOTAL CLAIMS	21							TOTAL CLAIMS					